Top Ten Things to Know
Cardiovascular Health Promotion in Children: Challenges and Opportunities for 2020 and Beyond

1. In 2010, the American Heart Association defined its 2020 Impact Goal: By 2020, to improve the cardiovascular health of all Americans by 20%, while reducing deaths from CVDs and stroke by 20%. Inherent to this goal, is the promotion of cardiovascular health which is characterized by 7 metrics – diet, physical activity, tobacco use, body mass index (BMI), blood cholesterol, blood pressure, and blood glucose.

2. This statement is a pediatric-focused companion to the 2020 Impact Goals focusing on cardiovascular health promotion and disease reduction throughout the lifecourse. Specifically, it discusses 2 important factors: (1) the promotion of “ideal” cardiovascular health in all children, and (2) the improvement of cardiovascular health metric scores in children currently classified as having “poor” or “intermediate” cardiovascular health.

3. Among children, the prevalence of “ideal” levels of cardiovascular health behaviors and factors currently varies from <1% for the healthy diet pattern to >80% for the blood pressure and fasting glucose metrics. Nearly one third of 2 to 19 year-olds are overweight or obese.

4. The majority of US children – 91% – are classified as having a “poor” diet score. Further, a higher percentage of children than adults do not meet the recommendations for a healthy diet. Sodium, sugar, solid fats and refined carbohydrates are over-consumed while fruits, vegetables, whole grains, dairy and dietary fiber are under-consumed by the majority of children. The highest source of calories for children 2-18 years old comes from simple carbohydrates.

5. Although tobacco use has declined, nearly one-third of children aged 12-19 were categorized as having “poor” smoking status and approximately 4.8 million U.S. children younger than 12 years are exposed to second-hand smoke in their homes.

6. The percent of children who meet the physical activity guidelines (60 minutes or more of moderate to vigorous physical activity daily) declines as children age. Among 6-11 year olds, 48.9% and 34.7% of boys and girls get sufficient physical activity. Whereas, only 11.9% of boys and 3.4% of girls ages 12-15 and 10.0% and 5.4% of 16-19 year old boys and girls achieved the recommended amount of physical activity.

7. Across racial/ethnic groups, prevalence of “ideal” total cholesterol was similar (63-65%); Mexican-American children exhibited the highest prevalence of “ideal” and non-Hispanic whites the lowest prevalence of “ideal” total cholesterol.

8. While there are age, gender, and race/ethnicity differences in the prevalence of meeting “ideal” status in each of the 7 health factor and behavior metrics, engaging in ideal health behaviors early in life can have a beneficial impact on all of the health factors.

9. The primary data source for health surveillance of Americans (i.e. NHANES) is limited with regard to the age ranges of children surveyed. More detailed surveillance of the majority of CV health components in all early childhood populations is needed, particularly across a wider range of race/ethnicities to assess the effectiveness of current and future population-based strategies aimed at improving the CV health among children of all ages.

10. Most children start out their lives with ideal cardiovascular health metrics, but much of ideal health is lost during childhood and adolescence as children develop unhealthy eating and physical activity habits. It remains important for healthcare providers to encourage healthy behaviors early and reinforce throughout childhood and adolescence.
